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ABSTRACT

This booklet notes that adolescents and young adults are a primary risk group for contracting Acquired Immune Deficiency Syndrome (AIDS) and asserts that public schools must assume a key role in giving students the information they need to avoid contracting AIDS. It recommends that teaching about AIDS take place within the context of a comprehensive health education or family life/sex education course, that an AIDS curriculum be appropriate to the chronological and developmental age of the students, and that it be taught in small groups of 20 or fewer students. Included is a checklist for parents, child advocates, school board members, teachers, and administrators to use in evaluating existing AIDS curricula and in advocating the establishment of high quality AIDS curricula. The greater part of the booklet consists of four attachments. Attachment A, on matching approaches to AIDS education with childhood development, lists developmental characteristics of students in the following stages: kindergarten through grade 3; grades 4 and 5; grades 6 through 9; and grades 10 through 12. Appropriate approaches to AIDS education are suggested for the different grades. Attachment B discusses what information adolescents should know about AIDS. Attachment C concerns staff training and attachment D focuses on parental and community involvement. (NB)

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CRITERIA FOR EVALUATING AN AIDS CURRICULUM

National Coalition of
Advocates for Students

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Contents

CRITERIA FOR EVALUATING AN AIDS CURRICULUM (CHECKLIST)	3
ATTACHMENT A: MATCHING APPROACHES TO AIDS EDUCATION WITH CHILDHOOD DEVELOPMENT	6
ATTACHMENT B: WHAT ADOLESCENTS SHOULD KNOW ABOUT AIDS	13
ATTACHMENT C: STAFF TRAINING	17
ATTACHMENT D: PARENTAL AND COMMUNITY INVOLVEMENT	21

CRITERIA FOR EVALUATING AN AIDS CURRICULUM

Adolescents and young adults are now a primary risk group for contracting Acquired Immune Deficiency Syndrome (AIDS). At least 50% of all teenagers are sexually active; most will have more than one sexual partner, and some will be experimenting with drugs. Regardless of whether adults approve of this behavior, young people's lives may be at risk. Public schools must assume a key role in giving youth the information they need to avoid contracting this deadly disease.

Teaching about AIDS should take place within the context of a comprehensive health education or family life/sex education course. Such a course should present the positive aspects of sexuality as well as its dangers. An AIDS curriculum must be appropriate to the chronological and developmental age of the student as suggested in Attachment A, and should be taught in small groups of 20 or fewer students.

Below is a checklist for parents, child advocates, school board members, teachers and administrators to evaluate existing AIDS curricula and to advocate for the establishment of high quality curricula. An effective AIDS curriculum should elicit "yes" answers to the following questions:

CURRICULUM CONTENT

- For students in grades 6 and up, does the curriculum give simple, clear and direct information about AIDS transmission and prevention? (See Attachment B)
- Does the curriculum help students acquire the necessary self-esteem and assertiveness to choose to abstain from sexual intercourse?
- Does the curriculum inform all students about effective ways to prevent infection when they become sexually active including information about condoms and their correct use?
- Does the curriculum focus on teaching students how to make healthy sexual decisions and not just on the medical aspects of AIDS?

- By emphasizing high-risk behaviors rather than high-risk groups, does the curriculum strongly convey the message that ANYONE can get AIDS regardless of race, sex, age or sexual orientation?
- Does the curriculum affirm that people have natural sexual feelings?
- Are several class periods provided to give each student multiple opportunities to rehearse making decisions based on the information they have learned about AIDS?
- Does the curriculum allay young children's fears of AIDS?
- Does the curriculum give young children a foundation for more detailed discussion of sexuality and health at the 6th grade level and later?

DEVELOPMENT AND IMPLEMENTATION

- Does the program provide for adequate staff training to teach the curriculum? (See Attachment C)
 - Are staff helped to examine their own attitudes about sexuality and AIDS?
 - Are staff given accurate and detailed information about AIDS?
 - Are staff trained in the concrete skills needed to teach effectively an AIDS curriculum?
- Is the same information given to limited English proficient students in their own language?
- Is the information provided appropriately to students with hearing and visual impairments and to students with severely disabling conditions?
- Is the curriculum updated regularly to incorporate new information as it becomes available?
- Has sufficient community and parental support been generated to give teachers the backing they need to teach sensitive material in a direct manner?
- Does the curriculum facilitate an on-going dialogue with parents on these issues? (See Attachment D)

Attachment A

MATCHING APPROACHES TO AIDS EDUCATION WITH CHILDHOOD DEVELOPMENT

Students in a particular grade may vary widely in their emotional development. Teachers are urged to individualize their teaching where appropriate, while keeping in mind that the following statements are apt to characterize the vast majority of their students.

DEVELOPMENTAL CHARACTERISTICS OF STUDENTS

Grades K through 3

Students are likely to be:

- egocentric;
- developing some independence from parents and gradually orienting toward peers;
- able to relate to their own bodies/be curious about body parts;
- highly competitive and capable of unkindness to each other;
- able to understand information if it relates to their own experiences.

APPROPRIATE APPROACHES TO AIDS EDUCATION

Grades K through 3

The primary goal is to allay children's fears of AIDS and to establish a foundation for more detailed discussion of sexuality and health at the 6th grade level.

- Information about AIDS should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles and different types of families.
- Children should be encouraged to feel positively about their bodies and to know their body parts and the difference between girls and boys. Teachers should answer their questions about how babies are developed and born.
- AIDS should be defined simply as a very serious disease that some adults and teenagers get. Students should be told that young children rarely get it and that they do not need to worry about playing with children whose parents have AIDS or with those few children who do have the disease.
- Children should be cautioned never to play with hypodermic syringes found on playgrounds or elsewhere and to avoid contact with other people's blood.
- Questions should be answered directly and simply; responses should be limited to questions asked.
- Children should be taught assertiveness about refusing unwanted touch by others, including family members.

DEVELOPMENTAL CHARACTERISTICS OF STUDENTS

Grades 4 and 5

Students are likely to be:

- aware of sexual feelings and desires either in themselves or in others and confused about them;
- increasingly sensitive to peer pressure;
- capable of concern for others;
- exploring sex roles;
- in different stages of pre-puberty and early puberty and usually very interested in learning about sexuality and human relationships;
- quite comfortable discussing human sexuality;
- confused between fact and fancy (between hypothesis and reality);
- able to internalize rules and know what is right or wrong according to those rules.

APPROPRIATE APPROACHES TO AIDS EDUCATION

Grades 4 and 5

It is appropriate to use the same approach as for grades K-3 with an increased emphasis on:

- affirming that bodies have natural sexual feelings;
- helping children examine and affirm their own and their families' values.

Teachers of 4th and 5th graders should:

- continue providing basic information about human sexuality, helping children understand puberty and the changes in their bodies;
- be prepared to answer questions about AIDS and AIDS prevention.

DEVELOPMENTAL CHARACTERISTICS OF STUDENTS

Grades 6 through 9

Students are likely to be:

- engaged in a search for identity (including sexual identity); asking "Who am I?" and "Am I normal?;" very centered on self;
- influenced by peer attitudes;
- concerned about and experimenting with relationships between boys and girls;
- confused about the homosexual feelings many of them will have experienced;
- worried about the changes in their bodies;
- able to understand that behavior has consequences, but may not believe the consequences could happen to them;
- fearful of asking questions about sex which might make them appear uninformed.

Grades 10 through 12

Students are likely to be:

- still struggling for a sense of personal identity, especially those who are confused about their sexual identities;
- thinking that they "know it all;"
- seeking greater independence from parents;
- open to information provided by trusted adults;
- near end of this period, beginning to think about establishing more permanent relationships;
- experiencing an illusion of immortality;
- sexually active.

APPROPRIATE APPROACHES TO AIDS EDUCATION

Grades 6 through 12

The primary goal is to teach students to protect themselves and others from infection with the AIDS virus.

- Students should learn all of the information on Attachment B - "What Adolescents Should Know About AIDS."
- AIDS issues should be made as real as possible without overly frightening students. Movies about or classroom visits from people with AIDS have helped students in some schools overcome their denial of the disease and give AIDS a human face.
- The focus should be on healthy behaviors rather than on the medical aspects of the disease.
- Students should examine and affirm their own values.
- Students should rehearse making responsible decisions about sex, including responses to risky situations.
- Students should know they have a right to abstain from sexual intercourse or to postpone becoming sexually active. They should be helped to develop the skills to assert this right.
- It must not be assumed that all students will choose abstinence.
- Information about AIDS should be presented in the context of other sexually transmitted diseases (STDs).
- It is important to be honest and to provide information in a straightforward manner. Be explicit. Use simple, clear words. Explain in detail. Use examples.
- Sexual vocabulary should be connected with slang, if necessary, to be certain students understand the lesson.
- It is important to be non-threatening and to work to alleviate anxiety.
- Students should be given the opportunity to ask questions anonymously.

continued on next page

APPROPRIATE APPROACHES TO AIDS EDUCATION

- Discussion of dating relationships can provide opportunities to teach decision-making skills. Students should be helped to think through how to make responsible decisions about sex before questions arise in a dating context.
- Teaching about AIDS is often enhanced by:
 - movies and other visual aids;
 - role plays and other participatory exercises;
 - same-sex groupings (to encourage more candid discussion) followed by sharing in a mixed-sex group (to increase comfort level in discussing sexual subjects with members of the opposite sex);
 - involvement of students in planning and teaching--let young people speak the message to each other whenever possible.
- AIDS education should also include discussion of critical social issues raised by the epidemic, such as protecting the public health without endangering individual liberties.
- Teachers should have resources to help students find answers to detailed medical questions.
- Students should be taught skills that will enable them to continue to evaluate the AIDS crisis.

Attachment B

WHAT ADOLESCENTS SHOULD KNOW ABOUT AIDS

The information adolescents need is simple and straightforward. Home and school instruction should emphasize prevention through teaching safe behaviors. While adolescents need only minimal knowledge of the medical aspects of the disease, some may seek a more in-depth understanding of the virus and its manifestations. Teachers and parents should be prepared to answer their questions.

This is what should be appropriately communicated to all adolescents:

DEFINITION OF AIDS

A disease triggered by infection with the human immunodeficiency virus (HIV) which weakens the immune system causing the infected person to catch certain diseases that healthy people can fight off, but that can be fatal to a person with AIDS. Unlike most infections, HIV infection does not go away. The virus remains in the person's body for the rest of her or his life.

TRANSMISSION OF HIV

HIV is extremely difficult to catch. It is not transmitted by casual contact such as hugging, sneezing, or sharing bathrooms.

There is no danger of getting AIDS by donating blood. A few years ago, some people became infected with HIV through receiving blood transfusions. Now, however, all blood donations are screened and tested so that the blood supply is quite safe.

HIV is transmitted in three main ways:

1. through infected semen and vaginal secretions (by vaginal or anal sexual intercourse or, possibly, by oral sex);
2. through infected blood (by sharing intravenous IV drug needles or using unsterile hypodermic needles for steroids or any other purpose);
3. from an infected mother to her child either before or during childbirth and, possibly, through breast milk.

Anyone who engages in risky behaviors can become infected, regardless of gender, sexual orientation, age or race.

THREE MANIFESTATIONS OF INFECTION

1. Many people who are infected with the virus have no symptoms of disease. Since they look and feel healthy, these people may not know they are infected. They can, however, transmit HIV to others through unprotected sexual intercourse, sharing unsterile needles or childbirth. Many, if not all, of these carriers will eventually become symptomatic. Most of them, however, will not become sick for three to seven years or more after infection.
2. Persons who are infected with HIV may develop symptoms which are related to AIDS, but have not reached the clinical definition of AIDS. This is sometimes called AIDS Related Complex (ARC). They may be only mildly ill or very sick.
3. Manifestations of AIDS can include opportunistic infections and cancers as well as neurological and psychological problems.

TESTING

It is now possible to test blood, in most cases, to determine if a person is a carrier of HIV. At this time, the Centers for Disease Control and the U.S. Surgeon General do not recommend testing of the general population. However, men and women who are considering parenting and who practice risky behaviors are advised to be tested. Anyone thinking of being tested should contact an alternative test site which tests anonymously and offers pre- and post-test counseling. State and local public health departments can give addresses of local testing facilities.

ADOLESCENTS CAN PREVENT AIDS BY:

- abstaining from or postponing becoming sexually active;
- only having sexual relations within the context of a mutually faithful relationship with an uninfected partner;
- always using latex condoms (even in combination with other birth control) from beginning to end of all types of intercourse, preferably with a spermicidal jelly containing nonoxynol 9;
- not using intravenous drugs. Those who do should never share needles or syringes and should be encouraged to enter a drug treatment program. Those who continue to share needles should be told how to sterilize their equipment. Tattoo needles and needles used for injecting body-building hormones or for piercing ears should also never be shared.

LOCAL TELEPHONE NUMBER

Students should be given a local telephone number to call for additional information. Sources of AIDS information in other languages should also be provided. Some local AIDS hotlines have Spanish-speaking staff available during certain hours. Find out what these hours are and provide this information to Spanish-speaking students. Health clinics and other community organizations serving the Latino, Chinese and other language minority communities may also be able to provide AIDS counseling in those languages.

NATIONAL AIDS HOTLINE

1-800-342-7514

AIDS information in English & Spanish
24 hours a day

Attachment C

STAFF TRAINING

Staff training is a must. Two types should be provided:

I. STAFF IN-SERVICE

All staff (teachers, administrators, custodians and clerical personnel) should receive basic information about AIDS. They should understand its transmission and prevention and know where to turn in the school and in the community for more information and help.

Someone in each school should be designated as an AIDS resource person. Each school district should have a similar AIDS resource staff person at the central office level.

AIDS education at this level can be conducted as a one or two session in-service workshop. Public health departments and local AIDS service agencies can usually provide knowledgeable workshop leaders.

II. PREPARATION FOR TEACHING AIDS PREVENTION

Training teachers to teach AIDS prevention is much more rigorous than staff in-service. All teachers and supervisory administrators who will be teaching AIDS prevention education must receive this more comprehensive training. When feasible, participants should be offered graduate level credit.

There are three components to effective training to teach AIDS prevention:

1. **Context**—Before staff are trained to teach a curriculum, a supportive context for the program must be developed within the community. A community public education campaign may be needed to help parents and other members of the community understand the importance of AIDS prevention education. This is necessary if teachers are to be free to discuss with students the many sensitive issues raised by the AIDS epidemic. See Attachment C on Parental and Community Involvement.

2. Content--Training should include:

- accurate and detailed information about AIDS and a chance for participants to process this information in a way that alleviates their own fears of exposure to the virus;
- an examination of the sensitive and controversial issues involved in AIDS prevention; staff should be helped to look at their own attitudes about sexuality and AIDS;
- classroom strategies and activities, including models for integrating AIDS education into comprehensive units on health and family life education.

3. Methodology--Teachers should be trained to impart information to students in a way which personalizes the issues and helps students realize that AIDS affects them. Training should enable teachers to identify (a) specific student behaviors which they want to change and (b) skills students need to affect those behavioral changes. These skills concern decision-making, effective communication, and assertiveness. Teachers should be further trained to provide a context where students can practice using these skills. A good training program will give teachers practice in building the skills they in turn will teach their students.

Teachers who are uncomfortable with the subject matter should not be required to teach an AIDS unit. Their confusion and discomfort will inevitably be conveyed to their students.

Teachers who do agree to teach AIDS units should be offered opportunities to team teach or to draw on outside resource people for support and assistance.

Family planning agencies can help identify sexuality educators to lead this training. Effective training may also involve significant participation of parents and students.

(This attachment has been excerpted from training strategies developed by ETR Associates, Santa Cruz, CA)

Attachment D

PARENTAL AND COMMUNITY INVOLVEMENT

It is important to include parents and community leaders in the development and implementation of AIDS curricula. By doing so, you will:

- educate key community members about AIDS and the risks it poses to adolescents;
- involve parents in an important way in their children's education;
- develop a curriculum which considers the ethnic and cultural roots of sexual attitudes;
- build respect and a broad validation for the curriculum;
- build a solid base of supportive community members who can speak to opposition which may arise;
- give teachers the support they need to teach sensitive material in a direct manner.

Two effective means of facilitating parent/community participation are:

I. AN AIDS EDUCATION ADVISORY COMMITTEE

Form an Advisory Committee to work with key school personnel: to design a program; to provide information to the community; and to present the program to the local school board. The committee might include parents, religious leaders, student leaders, elected officials, and staff of community agencies. Be sure the committee reflects the true racial and ethnic diversity of the community. While it is important that all members concur on the importance of effective AIDS education, committee members should reflect a broad range of community perspectives.

While the primary mandate of the Advisory Committee is the timely implementation of an AIDS curriculum, it should also begin to lay the groundwork for a comprehensive health and sexuality education program. It is through such a comprehensive program that students can acquire the self-esteem and decision-making skills necessary to make healthy choices about AIDS and other important life issues.

II. PARENTAL COMPONENT OF THE AIDS CURRICULUM

At the same time students are taught about AIDS, parents should also be educated about the disease, its transmission and prevention. A well-planned and publicized parent information night is one method. A second effective strategy is a parent/student communication component built into the curriculum itself. Students are then empowered to be educators themselves, perhaps assisted by a study guide to use in teaching their parents. The benefits of this approach include:

- reinforcement of classroom learning;
- education of parents about AIDS;
- facilitation of a dialogue between students and parents about sexuality issues.